

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814
(916) 445-4458



October 16, 1975

ALL-COUNTY LETTER NO. 75-219

TO: ALL COUNTY WELFARE DIRECTORS
ALL DISTRICT ATTORNEYS

SUBJECT: IMPLEMENTATION OF THE FEDERAL CHILD SUPPORT PROGRAM


REFERENCE: ALL-COUNTY LETTER NO. 75-204, SEPTEMBER 26, 1975
TELEGRAM OF OCTOBER 1, 1975

This is a follow-up to the telegram sent to you on October 1, 1975 in which you were instructed to insure that no otherwise eligible children are denied aid as a result of their caretaker's decision not to make an assignment of support rights pursuant to EAS 43-106.1.

To assist in implementation of this provision, modifications have been made to Forms CA 371 (Referral to District Attorney for Action on AFDC Absent Parent) and TEMP 1061 (Statement of Responsibilities of Applicants and Recipients, New Federal Child Support Program) transmitted to you in All-County Letter 75-204 (9/26/75). To facilitate implementation of the new child support program, you are receiving an interim supply of the modified versions of the TEMP 1061, and CA 371 and the new WR 2.1 (Child Support Questionnaire, 9/75). The Form WR 2.1 (Absent Parent Questionnaire, 8/74) is obsolete and should no longer be used. I am also enclosing a technical modification to page one of the flow chart material included in All-County Letter 75-211 (10/7/75).

You will be notified via Notice of Form Change when these forms will be available from Central Stores. This should be no later than January of 1976. When ordering the TEMP 1061 (or reproducing your own supply), you should bear in mind that this form will become obsolete in the near future. Its content will be included on the WR 2 Instructions at the next printing of that form. You will be notified in advance for coordination of ordering in this regard.

Sincerely,


GARY D. MACOMBER
Deputy Director

OBSOLETE

cc: CWDA

Superseded by ACL 77-15

GEN 654 (2/75)

Issued 3-17-77

**STATEMENT OF RESPONSIBILITIES OF APPLICANTS AND RECIPIENTS
NEW FEDERAL CHILD SUPPORT PROGRAM****FOR ALL AFDC APPLICANTS AND RECIPIENTS:**

1. To assist in the administration of the program, you must furnish or cooperate in securing a Social Security account number for each person (except for unborn children) for whom you are applying for AFDC.
2. The law provides that:
 - A. You must assign to the county paying aid any support rights you may have. This includes the right to child support and spousal support (alimony). This means that the receipt of an AFDC grant will automatically assign the accrued support rights of all persons for whom you are receiving aid.
 - B. If applicable to your case, you must cooperate with welfare and law enforcement officials in providing necessary information for the determination of paternity, location of the absent parent, and enforcement of the support obligation. You must fill out the form WR 2.1 (Child Support Questionnaire) or check the appropriate box indicating you will appear at the office of the District Attorney to show good cause why your cooperation should be excused.

IF YOU REFUSE TO ASSIGN SUPPORT RIGHTS OR COOPERATE:

- (1) You personally will be ineligible for an AFDC grant;
- (2) The AFDC grant for the children in your care will not be paid to you. The grant will go to a qualified representative who will pay the children's living expenses; and
- (3) Your case will be referred to the District Attorney for collection of support regardless of your refusal.

If I cannot presently furnish a Social Security number for all persons for whom I am applying for AFDC, I agree to cooperate in securing such number(s) by applying directly to the Social Security Administration.

I understand my responsibilities regarding the child support program and the assignment of support rights, and I agree to cooperate with the welfare department and the district attorney as specified above.

APPLICANT'S SIGNATURE	DATE

I refuse to assign support rights.

APPLICANT'S SIGNATURE	DATE

REFERRAL TO DISTRICT ATTORNEY FOR ACTION ON AFDC ABSENT PARENT

TO DISTRICT ATTORNEY		DATE OF APPLICATION FOR AFDC		DATE OF REFERRAL
APPLICANT/RECIPIENT	(LAST NAME)	(FIRST)	(MIDDLE)	CASE NUMBER
ADDRESS REPLY TO:		(EW)	(CODE)	(TELEPHONE NUMBER)

WHEN APPLICANT IS OTHER THAN PARENT, LIST RELATIONSHIP:

This case is referred to you for action for the reason(s) checked below:

- ☐ Legal action is necessary to obtain financial support.
☐ Legal action is necessary to establish paternity.
☐ Recipient is receiving direct child support payments. Action needed to transfer payments to county.
☐ This case has been discontinued effective date _____. Reason(s) _____

The following information applies to this case:

- ☐ WR 2.1 has been completed and is attached.
☐ Eligibility has been determined. Aid begins (date) _____.
☐ Eligibility has not been determined.
☐ This is a relinquishment for adoption case.
☐ Applicant/recipient has/has not agreed to assign accrued support rights.
☐ Applicant/recipient has/has not agreed to cooperate.
☐ Applicant/recipient has not agreed to forward support payments.

COMMENTS:

INFORMATION FROM DISTRICT ATTORNEY TO COUNTY WELFARE DEPARTMENT

ADDRESS REPLY TO	TELEPHONE NUMBER	DA FILE NUMBER
------------------	------------------	----------------

- ☐ Applicant/recipient has cooperated in accordance with federal law.
☐ Applicant/recipient has not cooperated in accordance with federal law:
 ☐ Failed to appear and/or provide verbal, written or documentary information.
 ☐ Refuses to appear as a witness at court or other hearing.
 ☐ Refuses to transmit child support payment(s) received directly from absent parent.
 ☐ Failed to establish good cause for refusal to cooperate.
☐ Applicant/recipient has shown good cause to refuse to cooperate:
 ☐ Physical harm to child or parent is substantially certain to follow if cooperation is required.
 ☐ Birth of child resulted from incest or rape. Disclosure of facts detrimental to child.
 ☐ Other reason cooperation would be detrimental to child.
☐ This is a notice of renewed cooperation:
 ☐
 ☐
 ☐

SIGNATURE OF DA REPRESENTATIVE	TITLE
--------------------------------	-------

COMMENTS:

CHILD SUPPORT QUESTIONNAIRE

FOR COUNTY USE ONLY	WELFARE CASE NAME	WELFARE NUMBER	DATE OF APPLICATION
	TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Reapplication <input type="checkbox"/> Additional Child <input type="checkbox"/> Transfer from _____		

If the parent or parents of any of the child/children for whom assistance is requested are living but are absent from the home, complete the following information. **PLEASE PRINT IN INK.**

ABSENT PARENT'S LAST NAME		FIRST NAME	MIDDLE NAME	ALSO KNOWN AS (ALIASES)	
LAST KNOWN ADDRESS (STREET, CITY, STATE)		APPROXIMATE DATE	ABSENT PARENT'S BIRTHPLACE		BIRTHDATE
DESCRIPTION: SEX RACE HAIR COLOR EYE COLOR HEIGHT WEIGHT MARKS, SCARS, AMPUTATION, TATOOS, ETC.					
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE	MAKE OF CAR	YEAR	LICENSE PLATE NUMBER STATE
NAME OF AUTOMOBILE FINANCE COMPANY			ADDRESS OF FINANCE COMPANY (STREET, CITY, STATE)		
ABSENT PARENT'S USUAL OCCUPATION		NAME AND ADDRESS OF LAST KNOWN EMPLOYER			UNION MEMBERSHIP
IS EMPLOYMENT TERMINATED? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, APPROXIMATE DATE		IS ABSENT PARENT (CHECK IF PERTINENT) <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> A PUBLIC EMPLOYEE <input type="checkbox"/> STUDENT	
IS ABSENT PARENT IN THE MILITARY? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, GIVE BRANCH, RANK AND WHERE STATIONED			
IS ABSENT PARENT A VETERAN? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, RECEIVING BENEFITS? <input type="checkbox"/> NO <input type="checkbox"/> YES		AMOUNT OF VETERAN'S BENEFITS \$	

FRIENDS OR RELATIVES OF ABSENT PARENT

NAME	ADDRESS	RELATIONSHIP
NAME	ADDRESS	RELATIONSHIP

REASON FOR ABSENCE: <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deported <input type="checkbox"/> Jail or Prison <input type="checkbox"/> Never Married <input type="checkbox"/> Other _____					
PLACE OF MARRIAGE	DATE	PLACE OF DIVORCE	DATE	PLACE LAST LIVED TOGETHER	DATE
DOES THIS PARENT PAY SUPPORT MONEY? IF YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TO YOU DIRECTLY <input type="checkbox"/> THROUGH A COUNTY AGENCY					AMOUNT PER MONTH \$
DATE OF LAST SUPPORT MONEY	AMOUNT	IS THERE A COURT ORDER FOR SUPPORT BY THIS PARENT? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, COMPLETE NEXT LINE		ORDER NUMBER	
DATE OF ORDER	COUNTY OF ORDER	STATE OF ORDER	AMOUNT ORDERED \$ <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY		
HAS THIS ABSENT PARENT EVER BEEN ARRESTED? IF YES, WHERE, WHEN, WHAT FOR <input type="checkbox"/> NO <input type="checkbox"/> YES					

ABSENT PARENT'S CHILDREN

CHILD'S FULL NAME	BIRTHDATE	CHILD'S FULL NAME	BIRTHDATE
CHILD'S FULL NAME	BIRTHDATE	CHILD'S FULL NAME	BIRTHDATE
CHILD'S FULL NAME	BIRTHDATE	CHILD'S FULL NAME	BIRTHDATE

The whereabouts of absent parent have been unknown to me since (approximate date) _____

APPLICANT'S NAME (FIRST, MIDDLE, LAST)		MAIDEN NAME	
ADDRESS	TELEPHONE NUMBER	DRIVER'S LICENSE NO.	
BIRTHPLACE	BIRTHDATE	SOCIAL SECURITY NUMBER	

RELATIONSHIP TO ABSENT PARENT: ☐ Spouse ☐ Divorced ☐ Common-law ☐ Casual ☐ Other, specify _____

☐ I feel that providing this information would not be in the best interest of the child(ren) for whom this assistance is being requested. I will appear at the office of the district attorney to show good cause for refusing to provide this information.

SIGNATURE OF APPLICANT		DATE
ELIGIBILITY WORKER'S NAME	ELIGIBILITY WORKER'S SIGNATURE	ELIGIBILITY WORKER'S NUMBER

IV-A - AGENCY -1

